

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11		1					61						
12	1						62						
13	1						63						
14	1						64						
15							65						
16							66						
17	1						67						
18	1						68						
19		1					69						
20	1						70						
21							71						
22							72						
23	1						73						
24							74						
25							75						
26	1						76						
27							77						
28							78						
29							79						
30	1						80						
31							81						
32							82						
33	1						83						
34	1						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	13						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						